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A unified call to action from Australian nursing and midwifery leaders: ensuring that Black lives matter

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Abstract

Nurses and midwives of Australia now is the time for change! As powerfully placed, Indigenous and non-Indigenous nursing and midwifery professionals, together we can ensure an effective and robust Indigenous curriculum in our nursing and midwifery schools of education. Today, Australia finds itself in a shifting tide of social change, where the voices for better and safer health care ring out loud. Voices for justice, equity and equality reverberate across our cities, our streets, homes, and institutions of learning. It is a call for new songlines of reform. The need to embed meaningful Indigenous health curricula is stronger now than it ever was for Australian nursing and midwifery. It is essential that nursing and midwifery leadership continue to build an authentic collaborative environment for Indigenous curriculum development. Bipartisan alliance is imperative for all academic staff to be confident in their teaching and learning experiences with Indigenous health syllabus. This paper is a call out. Now is the time for Indigenous and non-Indigenous nurses and midwives to make a stand together, for justice and equity in our teaching, learning, and practice. Together we will dismantle systems, policy, and practices in health that oppress. The Black Lives Matter movement provides us with a 'now window' of accepted dialogue to build a better, culturally safe Australian nursing and midwifery workforce, ensuring that Black Lives Matter in all aspects of health care.

Keywords

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A unified call to action from Australian Nursing and Midwifery leaders: ensuring that Black Lives Matter

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1. James Cook University
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Abstract

Nurses and midwives of Australia now is the time for change! As powerfully placed, Indigenous and non-Indigenous nursing and midwifery professionals, together we can ensure an effective and robust Indigenous curriculum in our nursing and midwifery schools of education. Today, Australia finds itself in a shifting tide of social change, where the voices for better and safer health care ring out loud. Voices for justice, equity and equality reverberate across our cities, our streets, homes, and institutions of learning. It is a call for new songlines of reform. The need to embed meaningful Indigenous health curricula is stronger now than it ever was for Australian nursing and midwifery. It is essential that nursing and midwifery leadership continue to build an authentic collaborative environment for Indigenous curriculum development. Bipartisan alliance is imperative for all academic staff to be confident in their teaching and learning experiences with Indigenous health syllabus. This paper is a call out. Now is the time for Indigenous and non-Indigenous nurses and midwives to make a stand together, for justice and equity in our teaching, learning, and practice. Together we will dismantle systems, policy, and practices in health that oppress. The Black Lives Matter movement provides us with a 'now window' of accepted dialogue to build a better, culturally safe Australian nursing and midwifery workforce, ensuring that Black Lives Matter in all aspects of health care.

Acknowledgement of Country

We acknowledge the distinct culture and history of Australia's First Peoples, their sovereignty over land and sea and their pursuit of self-determination in accordance with the United Nations Declaration on the Rights of Indigenous Peoples. We also acknowledge the distinct culture of Australia's South Sea Islander Peoples and their intergenerational connection with Australia's First Peoples.

Acknowledgement of Indigenous Nursing and Midwifery Elder Aunty Dulcie Flower AM

We acknowledge the supporting authorship, and the cultural and professional Eldership of Aunty Dulcie Flower AM, a Miri woman of the Meriam Nation, Torres Strait Islands, Registered Nurse and Midwife. Aunty Dulcie led the way for Indigenous nursing and midwifery as the first Indigenous nurse and midwife to open the doors of the new Redfern Aboriginal Medical Service 49 years ago, practicing her profession in the Redfern community. Aunty Dulcie extended her care of Australia's First Peoples through her remarkable service to the community in the 1967 Referendum Campaign. Appointed to the Member of the Order of Australia (AM) in 2019 for her service to the community, Aunty Dulcie is an Indigenous nursing and midwifery pioneer, a giant on whose shoulders we stand on today with gratitude.

Terminology

In this paper, the term Australia's First Peoples, Indigenous, and specific cultural 'country' affiliation respectfully and congruently affirm Aboriginal and Torres Strait Islander Peoples and their ways of 'knowing, being and doing'.

Introduction

The tragic and brutal death of Mr. George Floyd in Minneapolis, United States (US) on May 25, 2020 has resonated in the hearts and minds of people across the globe. People across the world have been shocked and horrified. An African American man, Mr. Floyd's very public death at the hands of a white Minneapolis police officer, has generated widespread mainstream and social media coverage. The explicit broadcasting of Mr. Floyd's last moments as he fought to live and pleaded to be able to breathe has reverberated across nations, confronting people with the reality of contemporary racism, and its brutality. Mr. Floyd's death has served as a lightning rod and generated widespread national and international anger. People have taken to the streets to express their outrage. For many weeks we have seen images of people from across the United States engaged in public protests, both peaceful and non-peaceful, and conflict with police and other law enforcement agencies. This protest movement has spread internationally, through campaigns on digital platforms and social media; where the world watched the vigils and protests under the slogans of 'Black Lives Matter' and 'I Can't Breathe'. In

Australia, Mr. Floyd's brutal death has particular significance for Australia's First Peoples. The death of Mr. Floyd at the hands of a white police officer resonates with the long history of Black deaths in custody in Australia.

Since early June 2020, the Australian people have witnessed the Black Lives Matter rallies in our own nation, where Indigenous and non-Indigenous people have come together, to amplify Australia's First Peoples demands for Australia to confront the ongoing police and custodial violence against them. So too, the words *'I Can't Breathe'* have echoed across Australia.

The voice of Mr. David Dungay Jnr a 26-year-old Dunghutti man cried out these very words when being held down by six prison guards in a 'de-escalation procedure' at a prison hospital's mental health unit, in New South Wales in 2015. In a chain of questionable events leading to his death, Mr. Dungay suffocated under the weight of a disciplinary tactic in an attempt to remove biscuits that he was consuming (see Coroner's Report Inquest into the death of David Dungay, 2019, p.20, 32). The coronial findings noted contributing factors leading to Mr. Dungay's death from cardiac arrhythmia as,

> … being restrained in the prone position by Corrective Services New South Wales officers … long-standing poorly controlled type 1 diabetes, hyperglycaemia, prescription of antipsychotic medication, with a propensity to prolong the QT interval, elevated body mass index, likely hypoxaemia caused by prone restraint and extreme stress and agitation as a result of the use of force and restraint (p 89).

The CCTV footage recorded Mr. Dungay repeating, 'I can't breathe' multiple times whilst under restraint before he died (Coroner's Court of New South Wales, 2019, p. 13). Despite the 1991 Royal Commission, with its raft of 339 recommendations to prevent Aboriginal deaths in custody (Royal Commission into Aboriginal Deaths in Custody, 1998, pp. 21-22), deaths continue, in a context where incarceration rates of Indigenous people are unabated and escalating, reaching a proportion of 41% between the period of 2006-2016 (Australian Law Reform Commission, 2017).

Australia's First Peoples are significantly over-represented in legal and correctional systems. The Indigenous adult population contribute just 2% of the total Australian adult population yet makes up

27% of the total incarcerated adults in Australia (Australian Law Reform Commission, 2017). Meanwhile, the proportion of Indigenous young people aged 10-17 years in Australia is 5% of the Australian population for that age group, yet on average, they make up half of the young people under correctional supervision on any given day (Australian Institute Health and Welfare, 2018).

> *'Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future. These dimensions of our crisis tell plainly the structural nature of our problem. This is the torment of our powerlessness'* (First Nations Convention, 2017).

Australia has a shameful history of Indigenous people dying while in police custody, in jail or at the hands of police (when not in custody) (see for example: Barrett, 2014; Cunneen, 2018) and it is more than likely that the current international situation is retraumatising for Australia's First Peoples, Black people, and People of Colour across the globe.

Racism and racialised discourses have been an ingrained part of the Australian consciousness since the landing of the First Fleet 232 years ago; it has become an accepted part of language and behaviour. An unconscious bias staining the Australian psyche. As Klein stated (cited in, Coroner's Court of Victoria, 2020, pp. 40-41):

> *Unconscious bias affects how we observe and interpret the behaviour of a person in a stereotyped group. Our unconscious biases can direct … how we interpret a person's behaviour, with interpretation consistent with our stereotypes most likely to be adopted … we might see the behaviour of someone in a negatively stereotyped group as disruptive or disturbing to others, while we would give a more generous interpretation to the same behaviour by a person in a positively stereotyped group (such as our own group)*.

The apathy and conversational tones of casual racism are ingrained. Indifference and irreverence for the humanity of Indigenous lives resounds in our private and public spaces, and face-to-face

interactions. At barbecues and dinner tables, in classrooms, in shopping malls, in universities, in churches, and in our Parliament, racism divides Australian citizens. In another, of many unnecessary Indigenous deaths, apathy was a significant factor leading to the death in custody of Yorta Yorta woman Ms. Tanya Day. In the recent coronial inquest into Ms. Day's death, the failure to afford her basic human dignity, and the presence of unconscious bias were deemed contributing factors in the chain of events leading up to her death in custody (Human Rights Law Centre, 2020). Indifference and irreverence are sentiments that are noted in a recent incident of police brutality towards an Aboriginal person, where the event was described as a 'bad day at the office' for a police officer by his superior, a NSW police commissioner (McKinnell & Thomas, 2020). Collectively these real-world examples relay only a small sample of the extent to which Australia's First Peoples experience racism. The global Black Lives Matter movement has amplified the call to address racism and caused Australia to reflect on our own track record in this regard.

As Dr Chelsea Bond, a Munanjahli and South Sea Islander woman and Indigenous health academic wrote for The Conversation, 'white indifference to black lives has a long tradition in Australia' (Bond, 2017), the objectification of the 'black body' focuses on a deficit premise of the Aboriginal person, rather than focusing on the 'systems that create disadvantage'. Colonised conversations that omit an Indigenous standpoint give rise to questions on the existence of unconscious bias in the health professions. Bond's (2007) work challenged the health professions on the need for understanding and engaging with 'Aboriginality in a way that complements and supports Indigenous constructions of identity, health and well-being rather than compete against them'.

Nursing and Midwifery, Institutional Racism, Cultural Safety and Health

What does this background of Aboriginal deaths in custody have to do with health, or nursing and midwifery education? There is no contesting that health is a human right for all in Australia, however, there are marginalised groups in our society that do not enjoy equity of health in comparison to the dominant group (Power et al., 2020). An Indigenous perspective of health is not confined to just the physical space of Black bodies, it encompasses the provinces of the social, emotional, mental, cultural, spiritual, and includes justice and equality.

History continues into present time, memories of the past collide with the realities of today, and continue to influence the lives of Australia's First Peoples. Nursing and midwifery's history of complicity in racialised discourses, and practices (Forsyth, 2007), is still in living memory for many Indigenous people today. Bwgcolman author Geia recalls the nurse officially visiting her family home as a child. Donning a white glove, the nurse would run her fingers over furniture and shelves inspecting the house for evidence of poor hygiene and housekeeping. As with the other women, Geia's mother was directed to stand by the doorway under strict instruction not to interfere. In this (and similar) situations, the nurse represented the power of the government and its control over Indigenous people's lives. Lesser known is the history of nurse's roles in lock hospitals that involved institutionalised racism. Under legislative care, the 'protection' of Indigenous people resulted in human rights abuses, intrusive surveillance, control, disruption, institutionalisation, and harm (Sweet, McCallum, & Geia, 2016). More recently, Nurrunga Kaurna woman, Janine Mohamed, then CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), in a speech to the Australian and Nursing Midwifery Federation 'urged her colleagues to deeply examine their profession's history, for its gaps and biases, and colonial narratives' (Sweet, Ward, & McInerney, 2017). Likewise, Taylor and Thompson Guerin (2019) note the reduced amount of effort the dominant cultural groups expend to make the changes that are necessary for more effective health care for Indigenous Peoples. Both authors assert that Indigenous people need the support of the dominant group in improving Indigenous health status; 'a shared responsibility' they argue the intention of their work contributes 'to turning the lens' for non-Indigenous health professionals to look at themselves and their practices through a reflective lens. Indeed, Leonie Cox, a non-Indigenous nurse leader and veteran advocate of cultural safety urged 'whitefellas … to step up', and seek to educate themselves on Australia's colonial history, and to examine the impact of 'white privilege and racism' (Cited in Sweet, 2017).

The recent coronial inquiries into Aboriginal deaths in custody have examined the professional roles of nurses and their care. In the deaths in custody of Yamatji woman Miss Dhu in 2014 (Coroner's Court of Western Australia, 2016), and Mr. David Dungay 2015 (Coroner's Court of New South Wales, 2019), both coronial inquiries alluded to a questionable standard of nursing care in the chain of events leading

to their deaths. This is sobering information for nurses to read, and indeed for the profession as a whole, especially in the light of the current 'Black Lives Matter' context. We need to have the difficult conversations that challenge the Australian nursing and midwifery professions to look at ourselves and interrogate our own frameworks of history and our health care provision through examining our philosophy, policies and practices in relation to Australia's First Peoples health.

Working together– How do we teach Indigenous Health?

We argue that Indigenous health is everybody's business if we are to see the improvement of the current health disparity between Australia's First Peoples and mainstream Australia (Geia in Oxfam Australia, 2016). Recognising the historical damage perpetrated on Indigenous peoples, nursing, and midwifery's professional bodies are increasingly working with Indigenous organisations to introduce initiatives seeking to increase the cultural safety of graduates. Our most recent registered nurse accreditation standards (ANMAC, 2019, p. 16) stipulate that:

> *'Indigenous peoples' history, culture and health* [is] *taught as a discrete subject and based on the Nursing and Midwifery Indigenous Health Curriculum Framework* [and] *content relevant to health outcomes of Indigenous peoples is embedded throughout the program'*

The Nursing and Midwifery Curriculum Framework (CATSINaM, 2017) was adapted from a broader document, designed to provide uniformity in the delivery of Indigenous content in higher education curricula (Department of Health, 2014). Additionally, acknowledging that institutional racism is an ongoing issue in the Australian health system (Power et al., 2018), the Australian Health Practitioner Regulation Authority (AHPRA) and National Boards (2020), have released a Health and Cultural Safety Strategy. This landmark strategy, allows for consistency in the definition of cultural safety in codes of conduct and the national law governing accreditation and registration, endorses the use of the Curriculum Framework (Department of Health, 2014), and seeks consistency in cultural safety education and training.

However, we make a case that despite these initiatives nursing, and midwifery's historic collusion with government policy to disempower and marginalise Aboriginal patients, and the ongoing legacy of

institutional racism is not routinely taught in schools of nursing and midwifery. There is an imperative to do better; indeed, the mandatory inclusion of Indigenous health subjects has been generally contentious in some of our institutions of learning (Best, 2018). As nursing and midwifery lecturers, we have observed firsthand that this content elicits a range of emotions in our colleagues and the students we teach (Jackson, Power, Sherwood, & Geia, 2013). Non-Indigenous colleagues can be fearful of working in the space due to a lack of knowledge or being fearful of offending or just generally disengaged, relegating Indigenous content to Indigenous academics (Virdun et al., 2013).

We assert that non-Indigenous lecturers and tutors alike should be confident in teaching Indigenous content alongside Indigenous nursing and midwifery leadership. We also acknowledge the challenges and difficulties in teaching Indigenous health content, and the risk of trauma experienced by staff and students. Vicarious trauma is a very real possibility for students and staff. Risk-mitigating strategies are required when teaching Indigenous content especially in classes comprised of Indigenous and non-Indigenous students.

Risk of harm to students and teaching staff arise when Indigenous content is delivered in culturally unsafe ways. For example, non-Indigenous students openly expressing hostility regarding being 'forced' to study Indigenous health or making ill-informed remarks in the classroom (Jackson et al., 2013). Culturally unsafe teaching and learning environments can further traumatize and marginalise Indigenous students and reinforce deficit, racist or ignorant beliefs held by non-Indigenous students (Gorman, 2017; Virdun et al., 2013). Furthermore, there is little evidence that initiatives such as mandating Indigenous content in curricula or introducing Indigenous Graduate Attributes are translating to improved cultural safety in either graduates or the health care system (Power et al., 2016). This speaks to the change that is necessary and raises ongoing challenges for the professions' standards of accreditation, and for teaching schools to appraise their efficacy of teaching Indigenous health curricula.

Racism and racialised discourses confront the very core of our heart as a nation, built on nefarious foundations, the dispossession of land and people, and the punitive dismissal of people's lives and welfare. Dispossession, generational grief and loss, feelings of loss of dignity for Australia's First Peoples are deep threads running through the Australian hegemonic narrative that permeate our systems

of care (Sherwood, 2013). In 2015, a national survey of older Aboriginal and Torres Strait Islander people across Australia revealed that 31% considered they were generally treated unfairly and 15% experienced avoidance in regard to service access and provision generally (Temple, Kelaher, & Paradies, 2019). Australia's First Peoples identify with the death of Mr. Floyd as a mirror into their lives. What is happening in in the United States is no stranger to the psyche of Australia's First Peoples. Indigenous Australia is experiencing a re-traumatisation of community, families, individuals, Indigenous nurses, midwives, educators, and students.

Indigenous nurses and midwives embody a dual identity where Indigeneity and culture merges, indivisible, uniquely positioning Indigenous nurses and midwives within the culture of a much larger community of non-Indigenous nursing and midwifery professionals (Blackman, 2011; West, Geia, Power, 2013). The re-traumatisation elicits additional mental, social, and emotional distress, a burden of powerful emotions capable of alienating colleagues and students from each other. For many Indigenous nurses and midwives, the issue is painful to talk about, too uncomfortable to address, and confronting on personal and professional levels. On the other hand, Indigenous nurses and midwives are amazingly resilient, and trauma can become stepping-stones to transformational processes (Jackson et al., 2013), where Indigenous nurses and midwives are key strategists in leading nursing and midwifery reforms in the ongoing dismantling of xenophobic frameworks.

Ways Forward: Recognise racism, authentic inclusion; cultivate curriculum and *care*-ful discourse

We propose four principles that underlie this call to action. Firstly, Indigenous health is everybody's business (Virdun et al., 2013). Every nurse and midwife has a role in recognising, confronting and challenging racist discourses in any form ensuring respect for Australia's First Peoples knowledges and ways of being. The ideologies and principles of Cultural Safety provide a blueprint for recognising and respecting Indigenous cultural identity (De Souza 2015, 2018; Ramsden, 2002). Indigenous methodology provides a blueprint for generating knowledge and respects Indigenous ways of knowing and being (Tuhiwai Smith, 2010). Indigenous research reveals critical tools that nurses and midwives can work with; it is a matter of engaging with these tools to generate necessary changes. Nursing and

midwifery curriculum reform in Indigenous health gives cause for deep reflection on its fit in our nursing and midwifery cultures, our conversations, and our philosophy of caring for Australia's First Peoples.

Secondly, the 'Black Lives Matter' movement is currently energising a global stance to dismantle structures of racism. We suggest that Indigenous nurses and midwives should be actively and authentically included in the dismantling and reform of structures in health care and education institutions that perpetuate racism in our operational spheres of engagement and influence.

> Nurses from diverse backgrounds, countries, and structural positions, but with a shared global concern, have come together here to call for an immediate challenging and dismantling of the views, behaviours, and organizational structures that have supported, perpetuated, and enabled the racism, injustices, and inequities that still pervade much of nursing and health care. Such racism has often made services and organizations unwelcoming and unsafe places for Black Asian and Minority Ethnic/Black, Indigenous, People of Color (BAME/BIPOC) nurses. (Moorley et al., 2020, p. 1).

As nurses and midwives, the integrity of our professions is premised on a deep commitment to social justice and health equity. We argue that there is a need to do more than simply declare this; individually and collectively, we need to embody this commitment in all our actions. We need to ensure interactions are respectful and that we demonstrate courage and kindness (Wilson, 2016). There are well-acknowledged issues relating to inclusion, diversity and equity in health that need confronting, even within nursing and midwifery; there is still much work to do in our professions.

Thirdly, it is imperative to further cultivate curriculum that promotes the social and cultural determinants of Australia's First Peoples. While nursing and midwifery produce documents such as curricula papers and mission statements claiming diversity and inclusivity, white is generally '*the norm*' and this can be seen across educational and practice domains. Best (2018) drew attention to the 'whiteness' of nursing and midwifery and in practice, we see every day clinical activities, such as skin assessment also based on the assumption that everyone is Caucasian, meaning people of colour are more

likely to develop higher stage pressure injuries (Oozageer Gunowa, Hutchinson, Brooke, & Jackson, 2018). When considering whiteness in the classroom, there is a need to contemplate white privilege as well as middle class privilege. It is our adoption of a theoretical standpoint that results in and enables us to consider our participations as complicit or resistant to the perpetuation of white western patriarchal nursing knowledge production, and with it, embedded unconscious bias, which can be expressed as acts of racism (Moreton-Robinson, 2013). Now more, than ever, it is critical that we prioritise Cultural Safety – its importance for both Indigenous and non-Indigenous nursing and midwifery.

Australian accreditation standards require that we demonstrate learning and teaching outcomes in nursing and midwifery that are specific and sustained throughout the program of study to achieve equitable outcomes for the health of Australia's First Peoples. Dominant nursing and midwifery ways of doing and being in teaching and learning design must be challenged to meet targets in equity and justice for Indigenous people. Our view is that all health staff involved in teaching and learning Indigenous health content need to be confident in their own learning to be able to teach the content for improved student learning outcomes. Consequently, nursing and midwifery educators have an inherent obligation to ensure a rigorous process of embedding Indigenous content including attention to educating nursing students about the health risks associated with unconscious bias and racism. The mandatory use of the CATSINaM Nursing and Midwifery Health Curriculum Framework (CATSINaM, 2017) in nursing and midwifery degrees must be enforced and embedded in a meaningful way. Beyond content, schools of nursing and midwifery need to be accountable that consultation occurs with the Indigenous communities, students will be caring for. There should be Indigenous nursing and midwifery representation on ANMAC assessment panels. Above all, student's values and attitudes regarding Australia's First Peoples need to be challenged, and their learning summatively assessed.

Lastly, we all celebrate 'belonging' to the caring culture of our discipline. We recognise that the caring paradigm enables us to share and reciprocate in collegiality, in friendships and comradeship. The Indigenous nursing and midwifery authors in this paper, acknowledge a duty of care, a responsibility towards our fellow non-Indigenous colleagues, to create a meaningful space for non-Indigenous nursing and midwifery colleagues and students to discuss the tensions and transformations of their experiences

with Indigenous people, and their engagement in the Indigenous teaching and learning space. Participating in the Indigenous health space is challenging and sometimes can be unsafe for non-Indigenous nurses and midwives and can discourage a closer engagement. We acknowledge that non-Indigenous nurses and midwives also experience racial bias from Indigenous colleagues, students, and patients. This is a difficult discourse space, which requires attention if we are to work collaboratively toward reform in our teaching and learning; we need to have the hard conversations 'both ways' in collaborative transparent solution focused dialogue (Power, Geia & West, 2013). There is a need to create a constructive space where these conversations can happen to inform better processes of collaboration in nursing and midwifery education agendas.

Calling Out the Challenge to Nursing and Midwifery Leadership

This paper is a call out, a challenge to Australian leadership in nursing and midwifery schools, colleges, and universities to lead through action, to take racism and its effects on Black lives seriously. Non-Indigenous nurses and midwives have a responsibility to stand with their Indigenous colleagues in dismantling oppressive practices in the health system (Cox cited in Sweet, 2017). We can do this through ensuring cultural safety in graduates, addressing the lack of cultural capability in practice (Power et al., 2016; Virdun et al., 2013) and mobilising the cultural determinants of health in education and research (Salmon et al., 2019), while we actively politicise to improve the social determinants of health and make cultural determinants central to health care. We call on our nursing and midwifery colleagues to step up, it takes both sides to dismantle the old systems of oppression and build new systems of therapeutic health justice

We can no longer accept the discourse of 'I treat everyone the same and 'I don't see colour' or 'all lives matter'. There is a considerable literature on the concept of colour-blindness and the harm it does. It is a very powerful and damaging form of racism, that has been described as 'more insidious than overt racism' (Dagistanli, 2018). This apathetic stance denies white privilege and the effects of historic racist violence and oppression. It dismisses the person's humanity and identity of who they are *under* and in our care. The stance that all lives matter or I don't see colour diverts the focus from the injustice of racism in our nation. To say 'all lives matter' to an Indigenous person negates their identity, dismisses

their pain and attempts to homogenise Indigenous heritage as a sovereign people in their unique physical and metaphysical relationship to this land with mainstream Australia. Our work as health professionals is to bring these injustices to the fore, using our voice, affording dignity in our practice to the identity and culture unique to each person we care for in our nursing and midwifery practice.

Truth-telling has been identified and documented a necessary fair and reasonable way forward (First Nations Convention, 2017). Yet it is apparent that many Australians are not sufficiently familiar with the truth about racism that is often hedged within colonised conversations manifest in various institutional entities, resulting in an unconscious bias that many people fail to recognise primarily as racism. Dismissing a narrative of pervasive discrimination, denying the common experience of inherent racism in our society, high incarceration rates and the relatively common Australian experience of death in custody of Aboriginal people in Australia is a gross example of missing the mark.

Our Australian nursing and midwifery professions should join actively with Australia's First Peoples whose reconciliation Makarrata invitation to *'come together after a struggle'* should shed light on the *truth* for an improved future 'based on justice and self-determination' is vital. A genuine and authentic engagement and advocacy should focus on the facts that highlight the inequity, injustice, and consequences of unconscious bias. A twofold trauma-informed and strengths-based approach to the easing of distress and the promotion of well-being, enables equality and thriving.

We must lead the healthful, fair and true conversations; we must call-out discrimination wherever we see it, report it as an adverse incident or near miss wherever we see unconscious bias lead to inequitable service provision for Australia's First People. We must ensure our health services are safe places for Indigenous people, and assumptions are not made based on colour or identity, or stereotypes about mental health status or substance misuse such as was the case in several recent coronial inquest findings (Carrick, 2020).

Indigenous nursing and midwifery academics are few and far between. Nursing and midwifery schools throughout Australia should consider carefully how they recruit and retain qualified Indigenous nursing and midwifery academics in sufficient quantities to enhance the nursing and midwifery curriculum as

accreditation legislation requires that teaching and learning address the health outcomes for Indigenous Peoples. Furthermore, all nursing and midwifery educational providers should ensure meaningful and authentic engagement with local Indigenous people and be able to demonstrate their voices and concerns are authentically and meaningfully addressed. Indigenous nursing scholars Power, Geia and West's (2013, p.96) voices continue to resonate "the sincere commitment to Indigenous health and education … in strategies and teaching innovations gives us hope for a brighter future as Indigenous and non-Indigenous educators collaborate together to improve the state of Indigenous health in Australia" .

Over the past days, weeks, and months we have seen people from all walks of life, including footballers in the UK, police officers in New York City, drop to one knee to show solidarity with the Black Lives Matter movement. It is time we in nursing and midwifery also metaphorically take to one knee, and challenge racism wherever it is. Only then can we honour our mission to ensure care for all.

We stand together, Indigenous and non-Indigenous nurses and midwives in this call out for justice and equity in dismantling systems of oppression in health. We have seen much change in our profession over our collective practice years, and believe that the 'Black Lives Matter' movement provides Australia's nurses and midwives with a 'now window' of accepted discourse to build a better culturally safe Australian nursing and midwifery profession and workforce. We have the power to breathe life into our teaching and learning in Indigenous health and maintain a momentum of hope for the generations of nurses and midwives that come after us as they care for the generations of Australia's First Peoples that will need their care.

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